

§ 9779.4 – DWC Form 1194. [Form 1194 attached below]

Authority cited: Sections 133, 4600.5, 4603.5 and 5307.3, Labor Code.

Reference: Sections 4600 and 4600.5, Labor Code.

CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES and ILLNESSES

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a health plan called a Workers' Compensation Health Care Organization, or HCO. This form gives you information about the HCO program, and describes your rights in choosing medical care for work-related injuries and illnesses.

What is an HCO?

A Workers' Compensation Health Care Organization is an organization which has been certified by the State of California Division of Workers' Compensation to provide health care to injured workers. HCOs must meet the quality and service standards set by the Division of Workers' Compensation. They must have health care providers who understand the workers' compensation system and occupational health care. The HCO must be able to work with employers and workers to improve worksite health and safety.

If you choose an HCO, the HCO will coordinate all aspects of the care for your work injury, including working with your employer to help you get back to work in a job that will not make the injury worse. The HCO must provide information on the services they provide to injured workers and must answer your questions and complaints. By choosing an HCO, you may help your employer save money. There is no cost to you in choosing an HCO.

Choosing an HCO

Your employer ~~must give you a choice of two HCOs~~ has offered you enrollment in an HCO. If your employer's workers' compensation insurance company owns or controls ~~one of the HCOs~~ this HCO, ~~you must have a third choice~~ your employer must tell you this during the enrollment process. Your employer must give you information ~~on each~~ about the HCO before you make a choice.

If you choose to enroll in the an HCO, you must use the HCO for any medical treatment you need as a result of a work injury for at least 90 days after the injury. If you choose an HCO and your employer pays for at least one-half of your health insurance (for non-work injuries), then you must use the HCO for at least 180 days after a work injury. In some HCOs, your own personal physician, ~~or~~ personal chiropractor or personal acupuncturist for your regular health care is available to treat you for work injuries/illnesses. ~~If so, you must use the HCO for one year after a work injury.~~

Choosing Your Own Doctor -- Not in an HCO

If you do not want to be treated by ~~an~~ the HCO after a work injury, you can "designate" your own personal physician, ~~or~~ personal chiropractor or personal acupuncturist who has treated you before and who has your medical records. If you choose your own physician, ~~or~~ chiropractor or acupuncturist, you may go to him or her any time for treatment of a work injury.

DWC Form 1194: front

MAKING YOUR CHOICE
For Workers' Compensation Health Care

Use this form to choose how you want to get medical care if you have a work-related injury or illness. You may choose ~~one of the Workers' Compensation Health Care Organizations~~ Organization offered by your employer, or you may designate your own personal physician, ~~or~~ personal chiropractor or personal acupuncturist. If you choose to designate your own physician, ~~or~~ chiropractor or acupuncturist, you should do so in the space provided below ~~your employer will give you another form within three days~~. If you do not make one of these choices, your employer will ~~decide where you will~~ enroll you in the HCO in order for you to receive treatment for a work injury or illness.

If you have questions about HCOs or medical treatment after a work injury, you may call an Information and Assistance officer. Find the telephone number in the phone book listed under State of California, Department of Industrial Relations, Division of Workers Compensation. If you have concerns, complaints or questions regarding a specific HCO or the enrollment process you can call 1-800-277-1767.

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS IF YOU HAVE A WORK INJURY.

- ☐ I want to enroll in an HCO for my medical care for any work related injury or illness. I have received information about ~~different the~~ Health Care Organizations Organization offered by my employer and want to enroll in: that HCO.

(Write in the name of the HCO you have chosen)

- ☐ I do not want to enroll in an HCO. I want my personal physician, ~~or~~ personal chiropractor or personal acupuncturist to treat me for any work-related injury or illness. My personal physician, personal chiropractor or personal acupuncturist is:

(Write in the name, and address and telephone number of your personal physician, ~~or~~ personal chiropractor or personal acupuncturist.)

- ☐ I do not want to enroll in an HCO or designate a personal physician, ~~or~~ personal chiropractor or personal acupuncturist to treat me for any work-related injury or illness. I understand that my employer ~~can~~ choose which will enroll me in the HCO will treat me for treatment of any work-related injury or illness.

(Print) Name of Employee

Signature

Date Signed

DWC Form 1194: back

§ 9779.5 Reimbursement of Costs to the Administrative Director; Obligation to Pay Share of Administrative Expense.

(a) Each organization certified under this article shall pay to the administrative director an amount as estimated by the administrative director for the ensuing fiscal year, as a reimbursement of a share of all costs and expenses, including routine on-site surveys, data collection and dissemination and overhead, reasonably incurred in the administration of this article and not otherwise recovered by the administrative director under this article or from the Worker's Compensation Managed Care Fund. The amount shall be assessed annually on or before April 15 and ~~may shall may~~ be paid to the Workers' Compensation Managed Care Fund ~~in two equal installments. The first installment shall be paid in two equal installments. The first installment shall be paid on or before July 1 of each year and the second installment shall be paid on or before December 15 of each year and the second installment shall be paid on or before December 15 of each year.~~

(1) Annual Assessment: The assessment shall be calculated on the basis of the number of enrollees in each individual HCO. Each HCO will be assessed a sum equivalent to \$1.00 per enrollee, based on the number of enrollees enrolled in the HCO on December 31 of the prior calendar year.

(2) Loan Repayment Surcharge: Each HCO will be assessed an annual surcharge of fifty cents per enrollee, based on the number of enrollees in the HCO on December 31 of the prior calendar year, until the loan is fully repaid. This surcharge will be used solely to reimburse the general fund for the loan made to the Workers' Compensation Managed Care Fund. The surcharge shall be assessed at this level for up to five years, commencing with the 1999 assessment. If the general fund loan has not been fully repaid after five years, the annual surcharge for each HCO shall be adjusted the following three years to fully repay the loan as follows:

2004: (One-third of outstanding loan balance) divided by (total number of enrollees in all certified HCOs) times (number of enrollees in HCO)

2005: (One-half of outstanding loan balance) divided by (total number of enrollees in all certified HCOs) times (number of enrollees in HCO)

2006: (Total outstanding loan balance) divided by (total number of enrollees in all certified HCOs) times (number of enrollees in HCO)

(b) Non-routine audits conducted in response to complaints will be charged based on the actual cost for performing the audit. The invoice will be sent within sixty days of the completion of the audit and shall be paid within 30 calendar days after the billing date.

(c) In no case shall the reimbursement, payment, or other fee authorized by this section exceed the cost, including overhead, reasonably incurred in the administration of this article.

Authority cited: Sections 133, 4600.5, 4600.7, 4603.5 and 5307.3, Labor Code.

Reference: Sections 4600 and 4600.5, Labor Code.